

2020	1040	US	Tax Organizer
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Tax Return Appointment

Date:

Time:

Location:

Telephone number:

Fax number:

E-mail address:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please enter all pertinent 2020 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial.....		
Last name.....		
Title/suffix.....		
Social security number...		
Occupation.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
1=blind.....		
Home phone.....		
Work phone.....		
Work extension.....		
Cell phone.....		
E-mail address.....		

Address

In care of.....

Street address.....

Apartment number...

City.....

State.....

ZIP code.....

DEPENDENTS

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
Date of adoption (m/d/y).....		
Social security number...		
Relationship.....		
Months lived at home.....		

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
Date of adoption (m/d/y).....		
Social security number...		
Relationship.....		
Months lived at home.....		

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Please enter all pertinent 2020 information. If you have attached
a government form for an item, check the box and do not enter a 2020 amount.

WAGES, SALARIES AND TIPS

Employer name:

2020 Amount

2019 Amount

Attach Forms W-2

INTEREST INCOME

Payer name:

Attach Forms 1099-INT

DIVIDEND INCOME

Payer name:

Attach Forms 1099-DIV

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Attach Forms
1099-R & W-2G

Winnings not reported on W-2G.....

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

	Form 1099-B - Sales of stock (also include transaction history)
	Form 1099-MISC - Miscellaneous income
	Form 1099-K - Merchant card and third party network payments
	Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099

	Form 1099-G - State tax refunds
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Attach Forms 1099

Taxpayer:

	Form SSA-1099 - Social security benefits
	Form 1099-G - Unemployment compensation
	Form 1099-Q (529 Plan)
	Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099

Spouse:

	Form SSA-1099 - Social security benefits
	Form 1099-G - Unemployment compensation
	Form 1099-Q (529 Plan)
	Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099

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MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other:

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Spouse: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

2020 Amount	2019 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS☐ Form 1098-E - Student loan interest☐ Form 1098-T - Tuition and related expenses

Attach Forms 1098

AFFORDABLE CARE ACT☐ Form 1095-A - Health Insurance Marketplace Statement☐ Form 1095- B - Health Coverage☐ Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Attach Forms 1095

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

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Alimony paid - Recipient name & SSN

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Spouse:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

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.....

Alimony paid - Recipient name & SSN

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MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement

Out-of-pocket lodging and transportation expenses

Number of medical miles

Other:

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TAXES PAID

State income taxes - 1/20 payment on 2019 state estimate

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